SUPERVISOR/ADMINISTRATIVE PROFESSIONAL CHECKLIST

☐ NEW SEPTIC ☑ REPAIR ☐ USE EXISTING ☐ MODIFIED PLOT PLAN ☐ ALTERATION

File Number: 24164A

Assigned Inspector: Troy Kling

☐ IP $250.00: _____ Initial/Date

☐ IP Commercial $450.00: _____ Initial/Date

☐ CA & OP $400.00: _____ Initial/Date

☐ Alteration Fees $300: _____ Initial/Date

☐ Modified Plot Plan Fees $100.00: _____ Initial/Date

☐ Use Existing Fees $100.00: _____ Initial/Date

☐ Use Existing Approved ☐ Use Existing Denied

☑ Send IP permit for signature: MD 4/15/25 ☐ Signature received: MN 4/16/25

☐ Floor plans reviewed

☐ Generate CA ☐ Approve as Noted in Winchester

☐ This site is served by septic and well. Verify each is complete before final hold is released

☐ This septic system requires a certified operation contract before final hold is released

☐ Certified operator contract is on file: _____

☒ Septic file complete: 9/10/25

☐ Release final hold in Winchester: _____

Comments:

24604A / 15382

MECKLENBURG COUNTY
HEALTH DEPARTMENT

29 MAR '25 AM 8:45

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. **SEPTIC / TYPE APPLICATION:** ○ N/A ○ NEW SYSTEM ○ ALTERATION ☑ REPAIR ○ MODIFIED PLOT PLAN

2. **WELL / TYPE APPLICATION:** ☑ N/A ○ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. **JOB LOCATION INFORMATION:**
TAX PARCEL NUMBER: 10815204
STREET ADDRESS: 10008 Robinson Church Rd
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME: Township 1, Charlotte
LOT #: 4 LOT SIZE (acres): 0.87
TOWNSHIP:
☑ MECKLENBURG ○ CORNELIUS ○ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. **BUILDING INFORMATION:**
BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
☑ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 2162
NUMBER OF BEDROOMS: 4
NUMBER OF OCCUPANTS: 5
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. **IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION:** ☑ N/A
NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

6. **WATER SUPPLY:** ○ MUNICIPAL ☑ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. **PROPOSED USE OF WELL:** ○ N/A ○ IRRIGATION ☑ POTABLE (DRINKING WATER) ○ OTHER _____

8. **PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE** *(1-MOST DESIRED 5-LEAST DESIRED):*
☐ N/A ☐ ANY TYPE ☑ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. **RANK:** ____ ____ ____ ____ ____

9. **DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.**

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ☑ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ○ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	☑ YES ○ NO	JURISDICTIONAL WETLANDS	○ YES ☑ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ☑ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ☑ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ☑ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ☑ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ☑ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ☑ NO
WASTE STORAGE	○ YES ☑ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ☑ NO

HAS 811 BEEN CONTACTED AND IDENTIFIED ANY UNDERGROUND UTILITIES ON THE PROPERTY IF YES, ○ YES ☑ NO
PLEASE LIST TICKET REFERENCE NUMBER: _____ VISIT BY DATE: _____

10. **WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?** 1/28/2000 ☐ UNKNOWN

11. **WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?** _____ ☑ N/A

12. **PROPERTY OWNER:**
NAME: Ruben Torres & Maria Rodriguez
ADDRESS: 10008 Robinson Church Rd
CITY: Charlotte
STATE: NC ZIP: 28215
WORK PHONE: _____
MOBILE PHONE: 704-712-7727
FAX: _____
E-MAIL: [redacted] etorres7@hotmail.com

13. **OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:**
**Owner's Authorization form is required if legal representative is submitting application*
NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov
Revised on: 4/20/17

14. SEPTIC SYSTEM PERMIT APPLICATION:

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. **I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)**

RT MR (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Robert Tomas & Mona Rodriguez 3/27/2025

Property Owner's or Owner's Legal Representative Signature Date

---

OFFICE USE ONLY

O SURVEY PLAT TO SCALE SUBMITTED O SCALED SITE PLAN SUBMITTED O UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

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_____

_____

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
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Revised on: 4/20/17

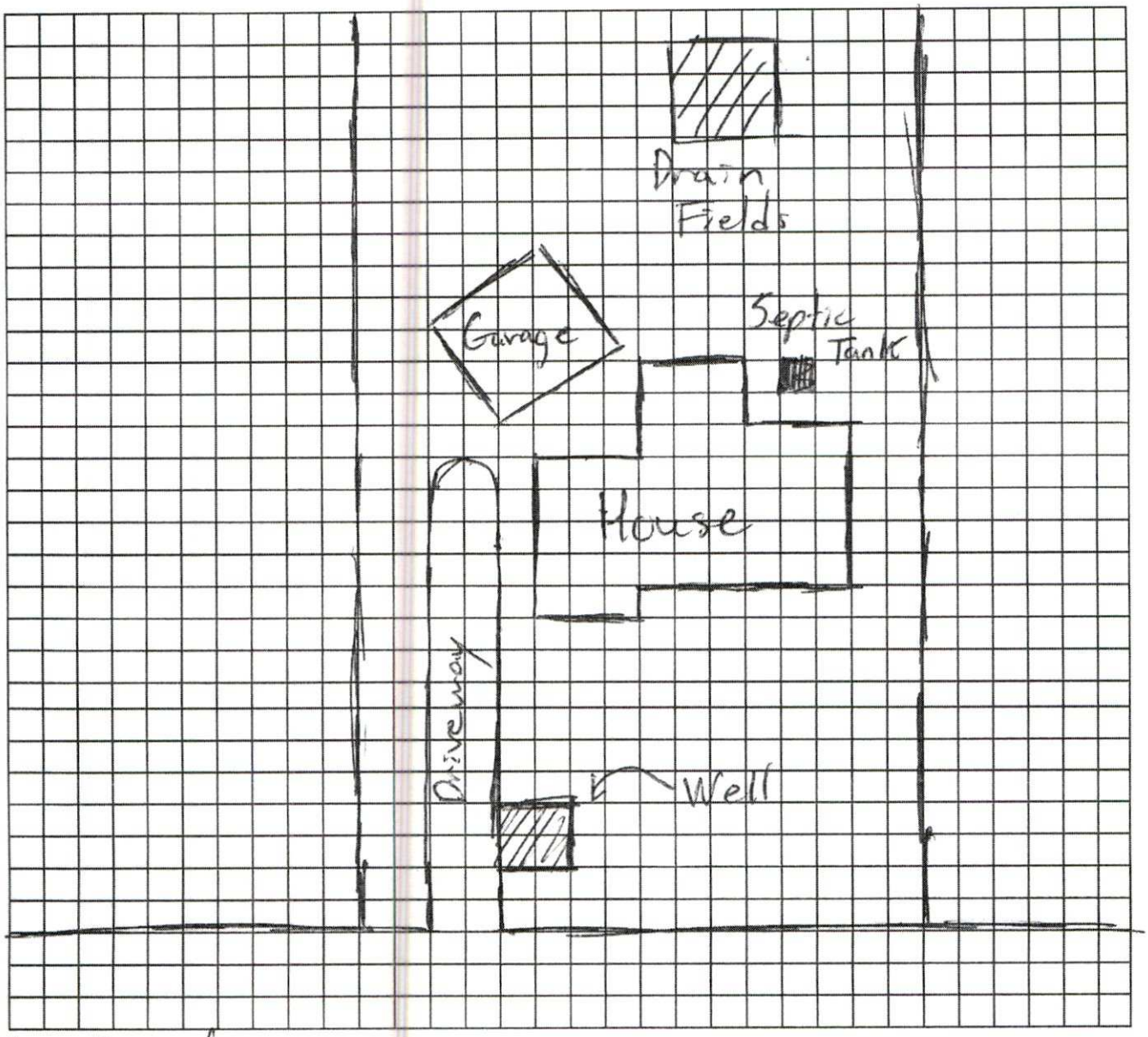
File #: _____

PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: 10008 Robinson Church Rd Tax Parcel #: 10815204

Subdivision Name: Township 1, Charlotte Lot #: 4



Ruben Torres & Maria Rodriguez 3/27/2025

Property Owner's or Owner's Legal Representative Signature Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
3205 Freedom Drive, Suite 8000, Charlotte, NC 28208
OFFICE: 980-314-1680, FAX: 704-336-6894 Email: Wellreg@MecklenburgCountyNC.gov

Revised on: 4/20/17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 108-152-04
COUNTY: Nash

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Ruben Torres + Maura Rodriguez DATE EVALUATED: 4/10/25
ADDRESS: 10008 Robinson Church Rd
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.0400): 480 PROPERTY SIZE: 0.76 ac
LOCATION OF SITE: Same PROPERTY RECORDED: unk
WATER SUPPLY: ☐ Public ☑ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: 50'
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	L 3%	0-4	BLC/SiCL	SSSPFr/SVE	✓	48"+	✓	✓	S 0.3	1" →47"
		4-40	BLC/C	SPFi/SE						
		40-48	BLC/CL/BC	SSSPFr/SVE						
2	L 3%	0-6	BLC/SiCL	SSSPFr/SVE	✓	48"+	✓	✓	S 0.3	1" →47"
		6-46	BLC/C	SPFi/SVE						
		46-48	BLC/CL/BC	SSSPFr/SVE						
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)		S
System Type(s)		HPPBPS
Site LTAR		0.3
Maximum Trench Depth		35"

SITE CLASSIFICATION (.0509): S
EVALUATED BY: Tune
OTHER(S) PRESENT:

Comments: Repair

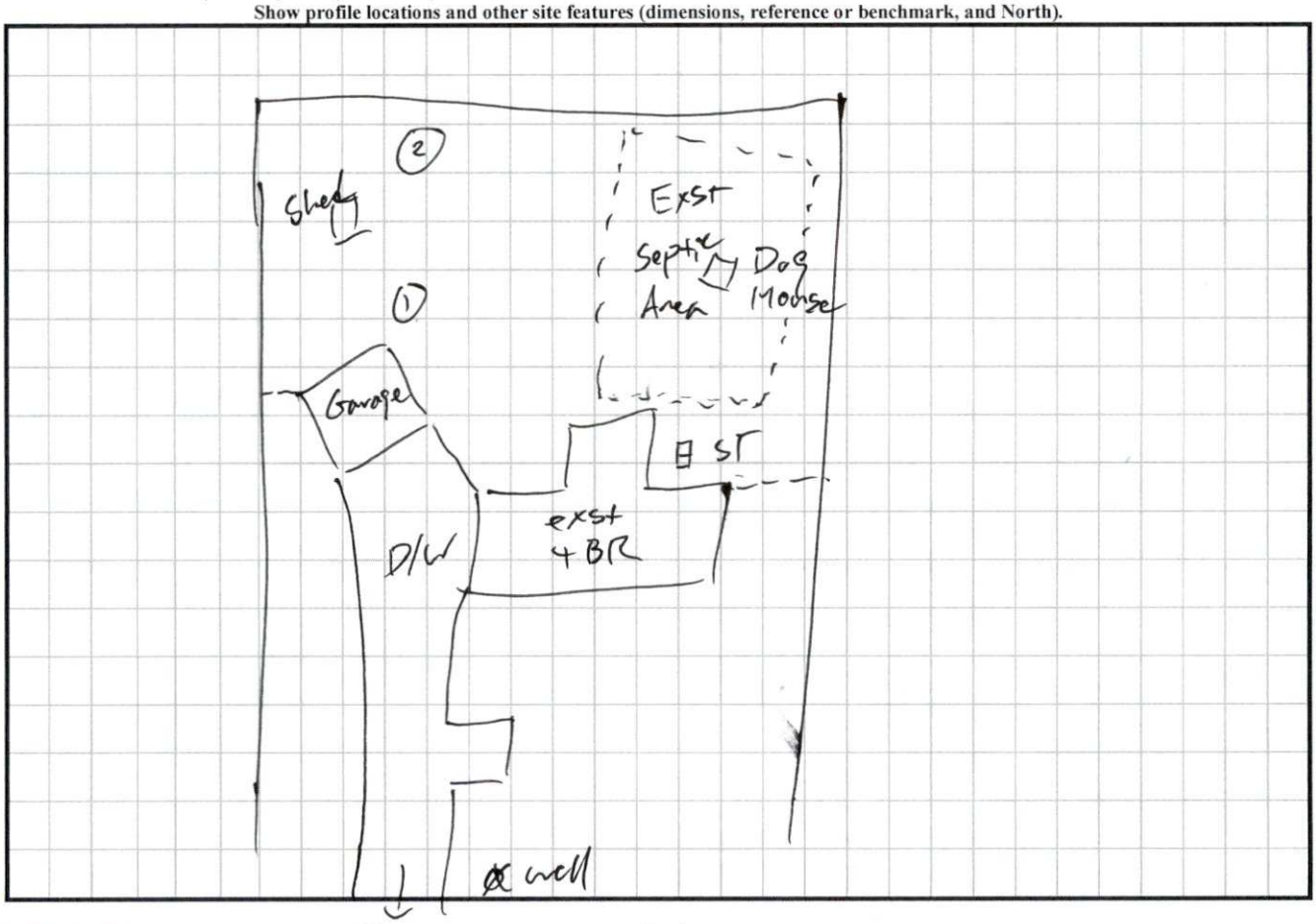
LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

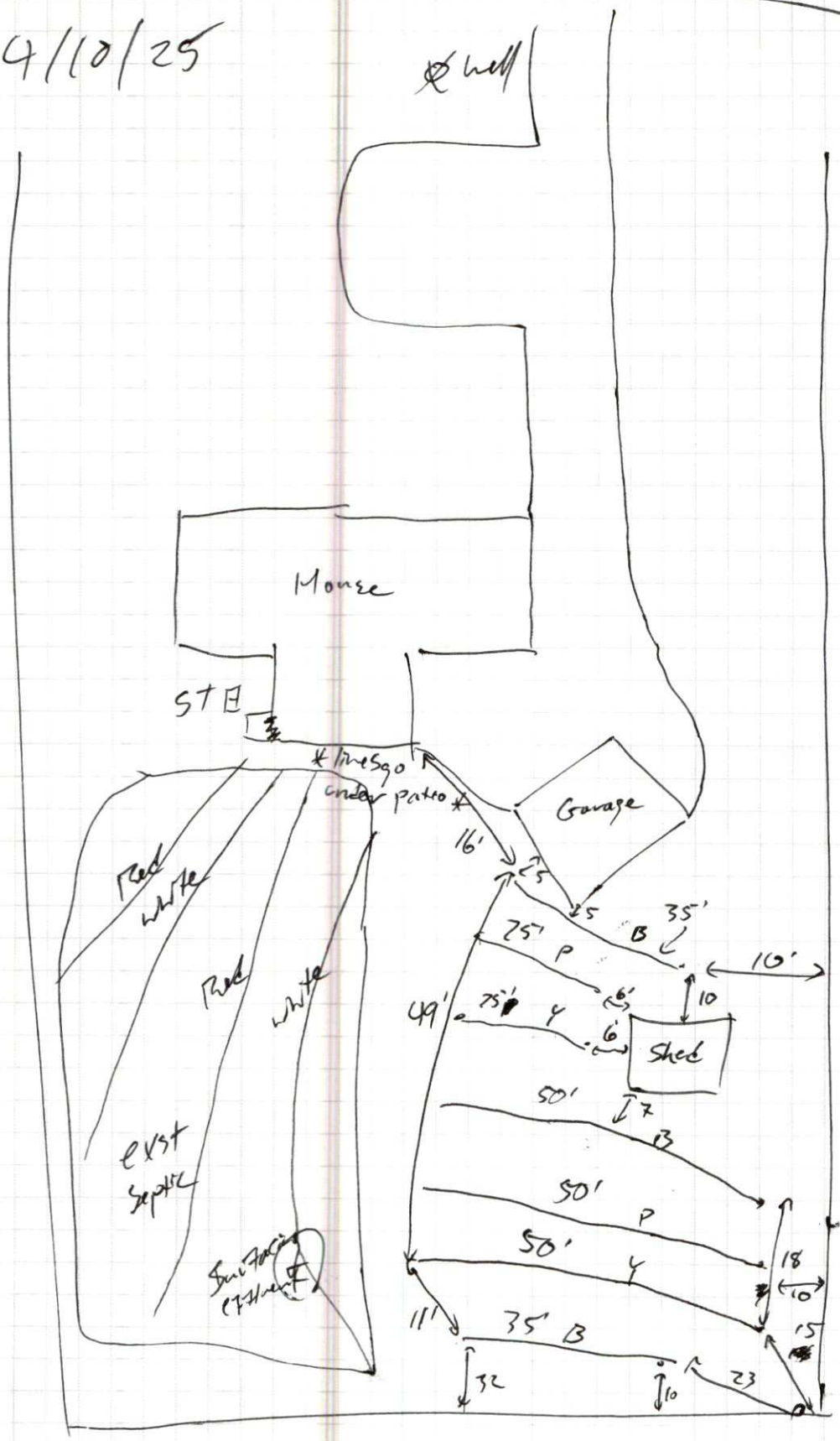
HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable) or U (Unsuitable)

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Robinson Church Rd

4/10/25



B	35
P	25
U	25
I B	50
P	50
U	50
I B	35
	270'

480 gpd 0.3 → 267' HPPBPS

PrintFreeGraphPaper.com

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: ~~2464~~ 2464A Permit #: 15382 Tax Parcel #: 108-152-04

Property Owner: Ruban Torres + Maria Rodriguez

Job Location Address: 10008 Robinson Church Road

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: 4/10/25 **Construction Authorization Issuance Date:** 4/10/25

Permission is hereby given to **repair** an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge, as specified herein at the described location. This approval is granted based upon the application information submitted to our office. All work shall be completed on or before 5/10/25. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of granting this approval. An **Operation Permit** must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now of hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.

Permitted Design Flow: 480 GPD Site LTAR: 0.3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 35 inches

Trench Width: 3 feet

Line Spacing: 6 feet (O.C.)

Total line length: 270 feet

# of Lines: 7 @ varies feet

Depth of Media: 14 inches (Type) HPPBPS

Distribution Device: Pressure Manifold

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See drawing

*Permanently disconnect from existing septic field.

*Check condition of ST. Replace if necessary.

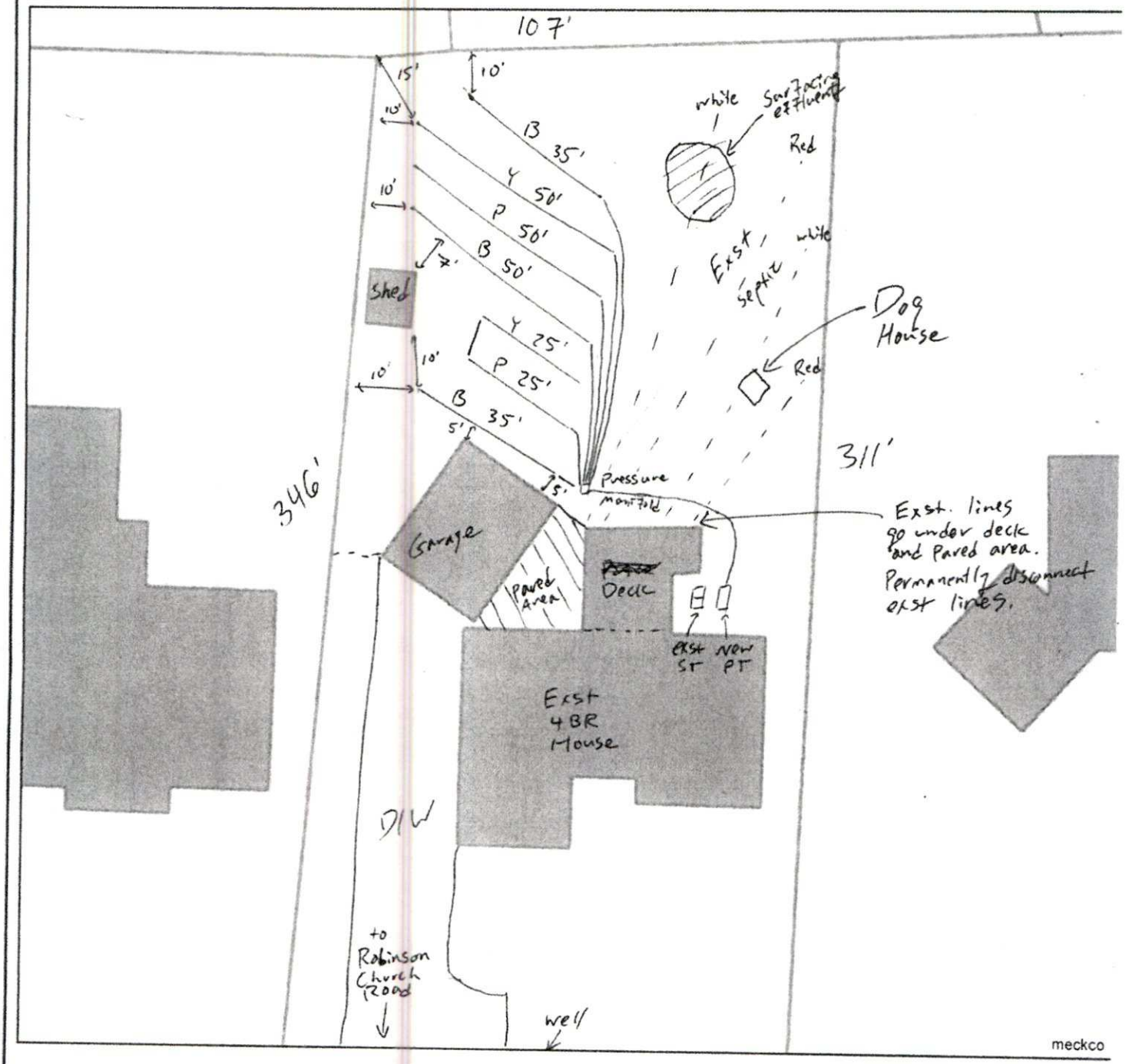
*System requires new PT + pressure manifold.

Comments: System Classification & Type IIIb Pump to HPPBPS

Authorized Agent: Trey Kling Signature: Trey Kling

Owner Signature: Ruban Torres & Maria L. Rodriguez Date: 4/16/25

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15362
PID #: 108-152-04
File #: 2464A

Authorized Agent: Troy Kling Date: 4/10/25

Owner/ Legal Agent: Ruben Torres & Maria L. Rodriguez Date: 4/16/25

1 inch = 30 fee

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT/CONSTRUCTION AUTHORIZATION for
REPAIRING an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2464A Permit #: 15382 Tax Parcel #: 108-152-04

Property Owner: Ruban Torres + Maria Rodriguez

Job Location Address: 10008 Robinson Church Road

City: Charlotte State: NC Zip Code: 28215

Improvement Permit Issuance Date: 4/10/25 **Construction Authorization Issuance Date:** 4/10/25

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Permitted Design Flow: 480 GPD Site LTAR: 0.3 GPD/ft²

Liquid Capacity of Septic Tank: 1000 gallons Liquid Capacity of Dosing Tank: 1000 gallons

Drainfield Design ☐ N/A

Trench Depth: 35 inches

Trench Width: 3 feet

Line Spacing: 8 feet (O.C.)

Total line length: 270 feet

# of Lines: 7 @ varies feet

Depth of Media: 14 inches (Type) HPPBPS

Distribution Device: Pressure Manifold

Bed Design *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

Minimum System Setbacks

Distance from Building Foundation: 5 feet

Distance from Property Line: 10 feet

Distance from Water Supply Source: 50 feet

SKETCH OF SYSTEM LAYOUT
(Proposed Layout)

See drawing

*Permanently disconnect from existing septic field.

*Check condition of ST. Replace if necessary.

* System requires min. PT Pressure

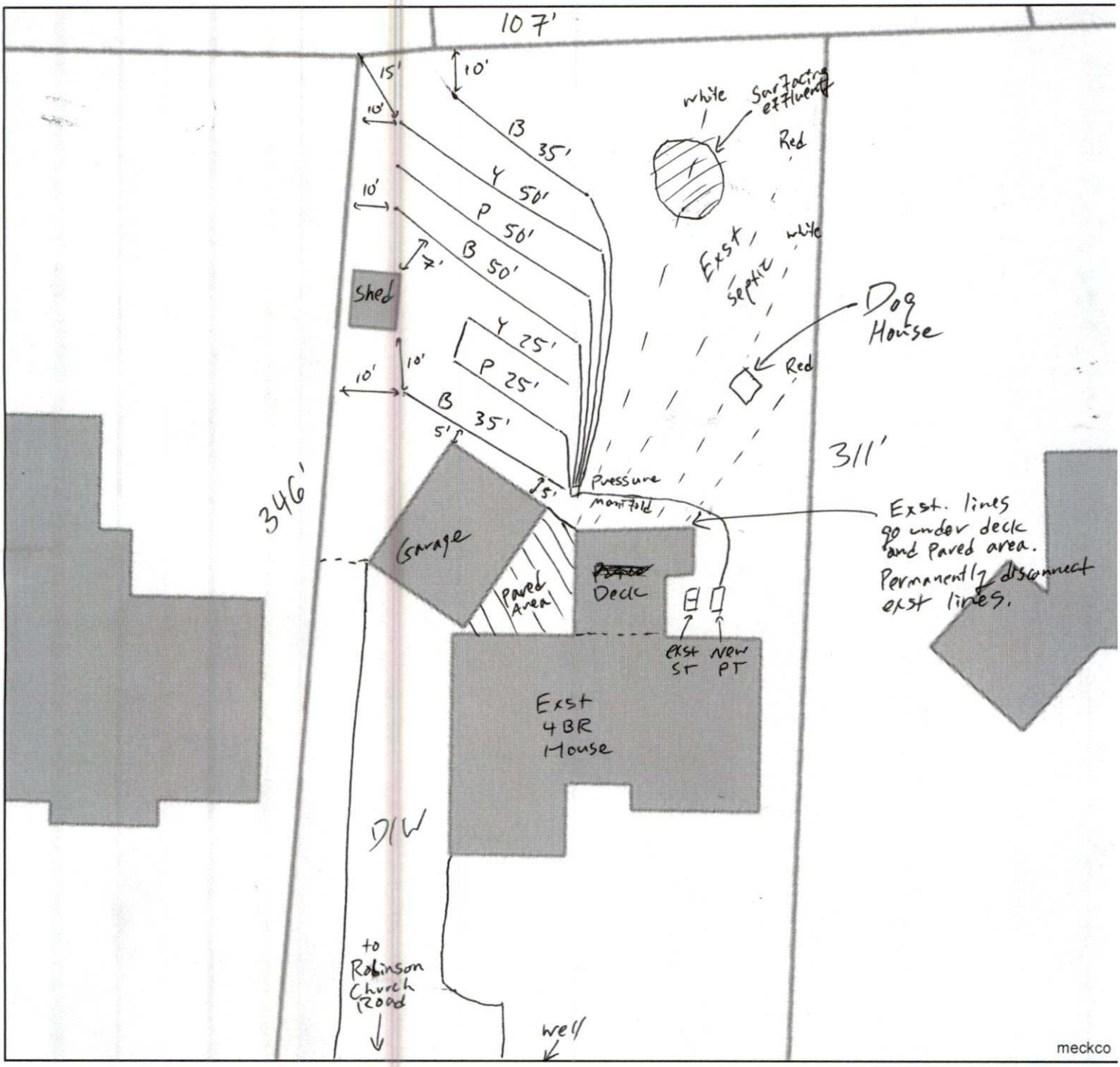
Send for Signatures ✓

Comments: System Classification & Type: IIIb Pump to HPPBPS

Authorized Agent: Troy Kling Signature:

Owner Signature: _____ Date: _____

On-site Wastewater Improvement Permit Diagram



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15382
PID #: 108-152-04
File #: 2464A

Authorized Agent: Troy Kling Date: 4/10/25

Owner/ Legal Agent: _____ Date: _____

1 inch = 30 fee

MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES
RESIDENTIAL PRESSURE MANIFOLD DESIGN

Permit # 15382

# of BDR: 4 Daily Flow: 480 gal/day L.T.A.R.: 0.3000 gal/day/sq.ft

Septic Tank: 1200 gals Pump Tank: 1200 gals Sq. Foot: 810 System Type: PPBPS-Horizontal

Number of Taps: 6 Length of Trenches: 270 ft(See Tap Chart for Details)

Depth of Trenches: 35 in Manifold Length: 54 in

Manifold Diameter: 4in sch 80pvc Tap Configuration: 6 in spacing 1 side(s) of manifold

Supply Line: length: 60 ft Diameter: 2 in sch 40pvc

Friction Loss + Fitting Loss: 8.22 ft(supply line length + 70' for fittings in pump tank)

Design Head: 2 ft Elevation Head: 6.00 ft

Total Head: 16.22 ft Pump to Deliver: 54.62 gals/min at 16.22 ft head

Dosing Volume: 230 gals,

Drawdown: 230 gals divided by 20 gals/in = 11.5 inches

Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter is required.

TAP CHART

Benchmark is = 100.00 set at Design Head: 2

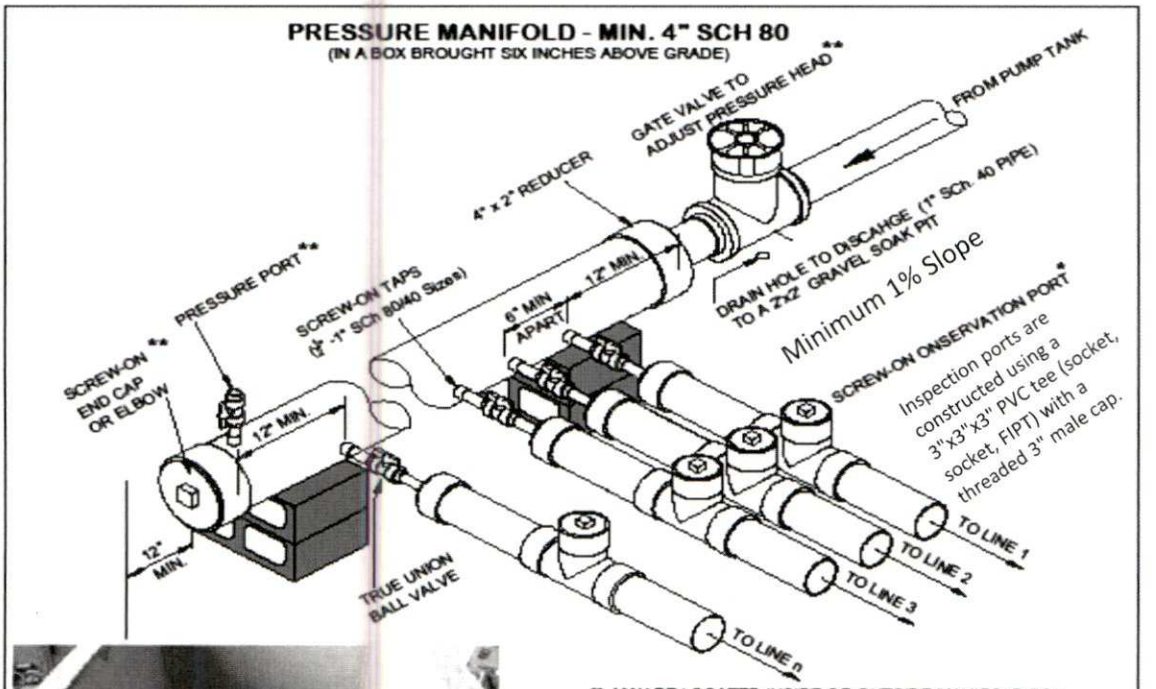
Pump tank elev. 100.00 Pump elev. 95.00 Manifold elev. 101.00

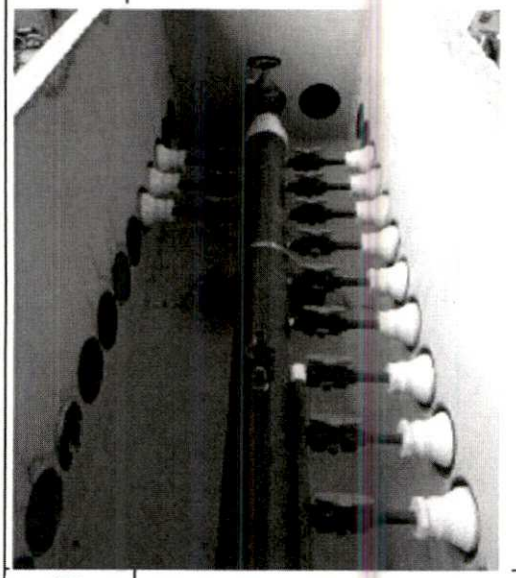
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR	# of Panels (PPBPS)	Spacing of Panels (in)
1	Blue		100.00	35	1/2in SCH 40	7.11	62.48	105	0.5951	8	6.4
2 + 3	Pink/Yellow		100.00	50	3/4in SCH 80	10.1	88.76	150	0.5917	12	3.7
4	Blue		100.00	50	3/4in SCH 80	10.1	88.76	150	0.5917	12	3.7
5	Pink		100.00	50	3/4in SCH 80	10.1	88.76	150	0.5917	12	3.7
6	Yellow		100.00	50	3/4in SCH 80	10.1	88.76	150	0.5917	12	3.7
7	Blue		100.00	35	1/2in SCH 40	7.11	62.48	105	0.5951	8	6.4
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
			100.00			0	0.00	0	#DIV/0!	0	0
		Total Feet =		270	gal/min =	54.62		LTAR =	0.3000		
		Feet Required =		267	Velocity =	5.22		(ltar + 5%)	0.3150		
Total # of Panels (PPBPS)		64		Des. Flow	480			(ltar w/50% red)	0.6000		
% of Dose Vol.		75		Pump Run=	8.79			(ltar + 5%)	0.6300		
Dose Volume		230		Tank Gal/IN	20						
Dose Pump Time		4.22		Elev. Head	6.00						
Drawdown in Inches		11.5									

Comments:

PM Draw

	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9	Line 10
Taps	1/2in SCH 40	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80	3/4in SCH 80	1/2in SCH 40				
Flow	7.11	10.1	10.1	10.1	10.1	7.11	0	0	0	0





** MAY BE LOCATED INSIDE OR OUTSIDE MANIFOLD BOX. WHEN LOCATED OUTSDIE VALVE BOX IS REQUIRED.

* MAY BE INISDE BOX OR IF OUTSIDE, BRING 6" ABOVE GRADE

LINE #	TAPS	LENGTH
1	1/2in SCH 40	35
2	3/4in SCH 80	50
4	3/4in SCH 80	50
5	3/4in SCH 80	50
6	3/4in SCH 80	50
7	1/2in SCH 40	35

Pressure Manifold Detail
N/A
Groundwater & Wastewater Services

		Date	File Name
Designed	ICD	10/23/2018	Pressure Manifold Detail
Revision	D	N/A	Drawing No. 1/1
Approved	ICD	10/23/2018	Sheet 1 of 1
No Scale			

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

Septic System Pre-Construction Meeting Checklist

File # 2464A App# 15382 Tax Parcel# 108-152-04

Property Owner: Ruben Torres

Job Location Address: 10008 Robinson church Rd

City: Charlotte State: NC Zip Code: 28215

1. Does System design match facility, flow & wastewater characteristics?

   ☑ YES ☐ NO

   Comments:

2. Is there sufficient available space for the septic systems initial and repair areas?

   ☑ YES ☐ NO

   Comments:

3. Can the septic system be installed per the permit conditions and drawing on file?

   ☒ YES ☐ NO

   Comments: Exst Septic lines will be cut off 5' off deck and remains line re-used. Chambers will be installed in proposed Septic area. ~235' exst conventional and 200-250' chambers.

*If "NO" is checked for any of the above the existing permit may need to be revoked.

Permission is hereby given to ☐ install ☐ alter ☑ repair an on-site wastewater treatment & and disposal system, with subsurface soil absorption and effluent discharge meeting all of the construction requirements of 15A NCAC 18A .1900 which are in effect on the date of granting this approval. **System shall not be installed while soils are in wet condition.**

Troy Kling
Authorized Agent

9/9/25
Date

Carlos Rocha
Others Present

Phone: (980) 314-1680 Fax: (704) 336-6894

On-Site Wastewater Section

OPERATION PERMIT for an ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2464A Permit #: 15382 Tax Parcel #: 108-152-04

Property Owner: Ruben Torres + Maria Rodriguez

Job Location Address: 10008 Robinson Church Rd

City: Charlotte State: NC Zip Code: 28215

Operation Permit Issuance Date: 9/10/25 Contractor Name: Carlos Rocha / Lago Vista

Permitted Design Flow: 480 GPD Liquid Capacity of Dosing Tank: / gallons

Liquid Capacity of Septic Tank: 1000 gallons Tank Manufacture Shoaf STB-760 Effluent Pump Model: /

Drainfield Installation ☐ N/A

Trench Depth: 35 inches

Trench Width: 3 feet

Line Spacing: 9 feet (O.C.)

Total line length: 254 feet

# of Lines: 7 @ Varies feet

Depth of Media: 12 inches (Type) 25% red. Chambers

Depth of Cover: 6+ inches

Distribution Device: D-Box

Bed Installation *(For Repair Installations ONLY.)* ☑ N/A

Bed Depth: _____ inches

Bed Width: _____ feet

Total line length: _____ feet

# of Lines: _____ @ _____ feet

Depth of Media: _____ inches (Type) _____

Depth of Cover: _____ inches

Distribution Device: _____

Water Supply Source

☐ Municipal ☑ Private Well ☐ Community Well

☐ Other _____

System Installation Setbacks

Distance from Building Foundation: 75 feet

Distance from Property Line: 710 feet

Distance from Water Supply Source: 750 feet

Inspection Dates

Tank(s) Inspected: 9/10/25

Excavation Inspected: 9/10/25

Pump & Controls Inspected: /

SKETCH OF SYSTEM INSTALLATION
(As-Built Drawing)

See drawing

The undersigned has inspected the Septic Tank System described above, and certifies it has been ☐ installed ☐ altered ☑ repaired ☑ as detailed in the plot above ☑ in accordance with the permit issued and meets the provisions of 15A NCAC 18A. 1900, "Laws and Rules for Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. The issuance of this Operation Permit does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1900 in addition to those listed below under "Comments." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

Notice: Disturbance of the designated repair area may result in the Suspension or Revocation of this permit.

Comments: System Classification & Type: II b - gravity to 25% red. Chambers

DENR Authorized Agent: Troy Kling Signature: TK

Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr. Suite 8000, Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

OPERATION PERMIT for an
ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

File #: 2464 A Permit #: 15382 Tax Parcel #: 108-152-04

Property Owner: Ruben Torres + Maria Rodriguez

Job Location Address: 10008 Robinson Church Rd

City: Charlotte State: NC Zip Code: 28215

OPERATION PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with 15A NCAC 18A .1961.

II. Monitoring: System shall be monitored as required by 15A NCAC 18A .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

IV. Operation: System shall be operated in accordance with 15A NCAC 18A .1961.

System Classification: # 6

*Operation Permits for Type V and VI systems expire five (5) years from the date of issuance (in accordance with Table V(a)). The system owner must contact GWS six (6) months prior to expiration for permit renewal.

Subsurface system operator required: Yes ☐ No ☑

☐ This type of system requires the system owner to maintain a contract with a certified operator to perform system inspection, maintenance, and reporting as required in 15A NCAC 18A .1961. and Table V(a). The system owner is responsible for all fees associated with these services.

☑ System does not require inspection by GWS on a routine frequency.

☐ System requires inspection by GWS once every five (5) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every three (3) years. The system owner is responsible for all fees associated with the inspection.

☐ System requires inspection by GWS once every twelve (12) months. The system owner is responsible for all fees associated with the inspection.

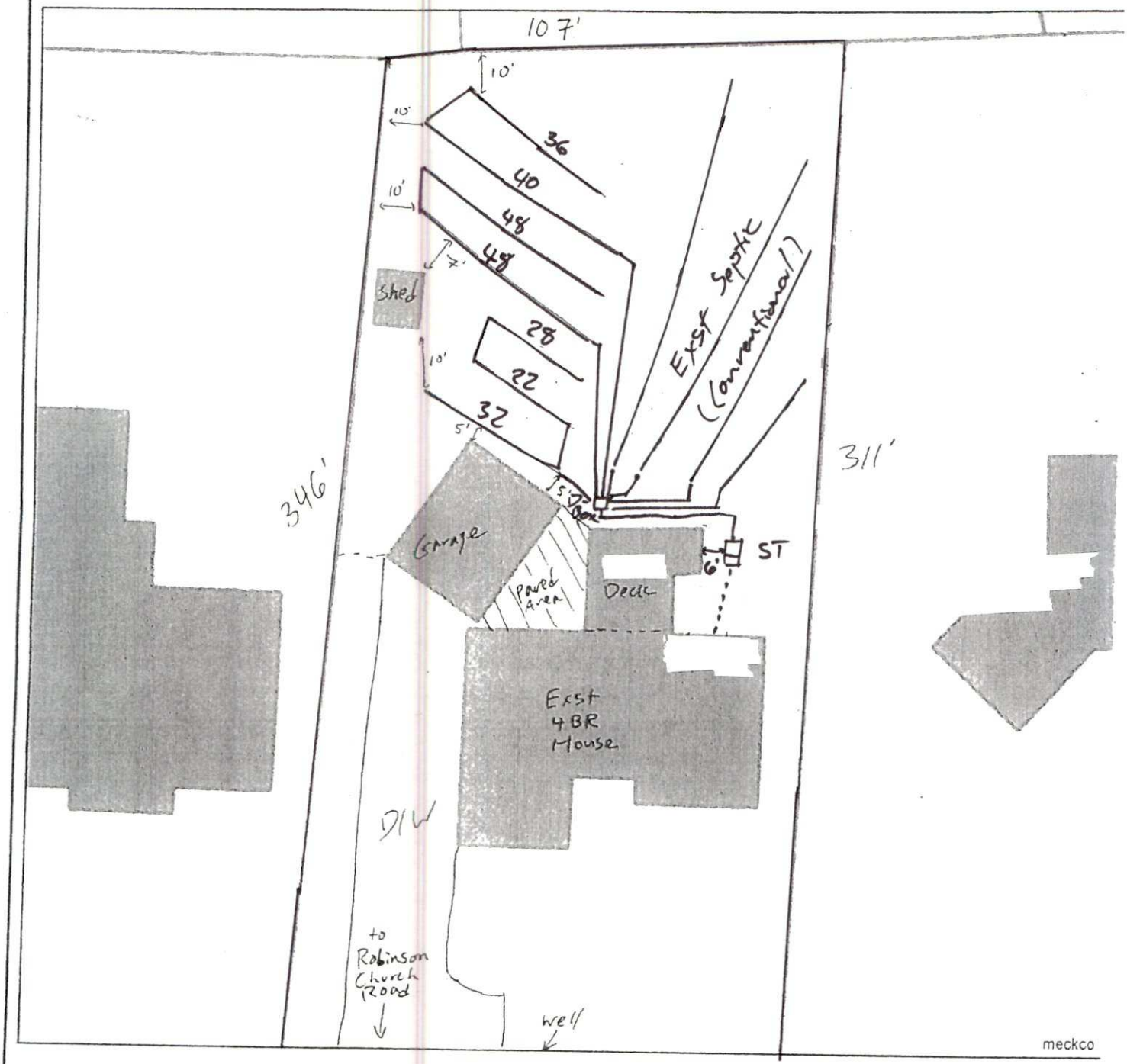
☐ System requires inspection by GWS once every six (6) months. The system owner is responsible for all fees associated with the inspection.

V. Other:

DENR Authorized Agent: Troy Kling Date: 9/10/25

Signature: Troy Kling

Operation Permit



Mecklenburg County Health Department
Environmental Health - Groundwater and Wastewater Services

Permit #: 15362
PID #: 108-152-04
File #: 2464A

Authorized Agent: Troy Kling Date: 9/10/25

1 inch = 30 fee

Request: Sewage Complaint 30054

Address: 10008 ROBINSON CHURCH RD, CHARLOTTE, NC, 28215

Initiated By: Ortiz, Manuela

Date Initiated: 3/14/2025 4:07:52 PM

Submitted To: Kling, Troy

Details: CALLER REPORTED THIS PROPERTY'S SEPTIC SYSTEM LEAKING FOR THE PAST 3 YEARS. HAS TRIED COMMUNICATING WITH OWNER AND HAS ONLY GOTTEN SYSTEM PUMPED ONCE. CALLER'S BACKYARD IS VERY MUDDY, WET, AND HIS R & L NEXT DOOR NEIGHBOR'S CAN SMELL THE ODOR.

SOURCE OF ISSUE: 10008 ROBINSON CHURCH RD, OWNER'S ARE RUBEN TORRES / MARIA RODRIGUEZ

ANONYMOUS

Comments:

Location:

Owner: Edgar? (704) 712-7727

Complainant: 10009 Drawbridge Dr
(704) 562-3175

MECKLENBURG COUNTY
Public Health

Raynard Washington, PhD, MPH
Health Director

(704) 336-4700

NOTICE OF VIOLATION
ONSITE WASTEWATER SYSTEM

☐ Certified Mail (Return Receipt) ☒ First Class Mail ☐ Email

Owner: Ruben Torres & Maria Rodriguez
Mailing Address: 10008 Robinson Church Road, Charlotte, NC 28215

Occupant: Ruben Torres & Maria Rodriguez
Location: 10008 Robinson Church Road, Charlotte, NC 28215
☒ Residence ☐ Business ☐ Other

Dear Ruben Torres & Maria Rodriguez

You are hereby notified that you are violating the Rules adopted by the North Carolina Commission for Public Health and/or the Laws enacted at General Statutes 130A-333 to 345 by controlling a residence, place of business, or place of public assembly which is not provided with an approved onsite wastewater system. Your wastewater system is not in compliance with applicable laws and rules.
On (3/19/2025) an inspection of the wastewater system by the Mecklenburg County Health Department indicated the following violations:

Violation(s)	Law or Rule Citation(s)
Discharge of septic effluent to ground surface.	15A NCAC 18E .1303 OWNER RESPONSIBILITIES FOR WASTEWATER SYSTEM OPERATION AND MAINTENANCE.

You are hereby ordered to bring your on-site wastewater system into compliance by completing the following:

☒ Install/repair wastewater system. You must obtain a repair permit from the local health department or private permitting professional, i.e., Authorized Onsite Wastewater Evaluator (AOWE) or Professional Engineer (PE), prior to repairing your system.
☒ Eliminate wastewater discharge and connect to an approved wastewater system.
☐ Other Repairs _____
☐ Perform Maintenance: Have septic system serviced and any damaged plumbing repaired to eliminate wastewater discharge to surface.

If the wastewater violation is not brought into compliance by April 18, 2025, appropriate legal action may be taken. Failure to comply with the laws, rules, and this notice may subject you to the following legal remedies: Injunction Relief [G.S. 130A-18], Administrative Penalties [G.S. 130A-22(c)], Suspension or Revocation of Permits [G.S. 130A-23], and Criminal Penalties [G.S. 130A-25].

You may contact our office at (980) 314-1680 or troy.kling@mecklenburgcountync.gov.

Notice Issued 3/19/25 Signed T/C Troy Kling

Compliance _____ Signed _____

CRIMINAL COMPLAINT FOR A WARRANT OR SUMMONS

Complaint Number: _____

AGENCY/COMPLAINANT INFORMATION

Agency: Mecklenburg County Environmental Health

Name: Troy Kling Title: REHS

Address/City/State: 3205 Freedom Drive, Ste. 8000, Charlotte, NC 28208

Office Phone: (704) 280-0684 Mobile Phone: _____

Work Hours: M-F, 8am - 5pm

SUSPECT INFORMATION

Name: Ruben Torres & Maria Rodriguez

Race: Hispanic Gender: M & F Date of Birth: Unknown

Home Address: 10008 Robinson Church Road Apt: _____

City: Charlotte State: NC Zip: 28215

Home Phone: Unknown Mobile Phone: (704) 712-7727

Work: Name of Company: Unknown

Address: Unknown

City/State: Unknown Work Phone: Unknown

Work Hours: Unknown

PUBLIC HEALTH VIOLATION INFORMATION

1. What did the suspect do? Unpermitted discharge of raw sewage to ground surface.

2. What statute or rule was violated? G.S. 130A-335; G.S. 130A-25; 15A NCAC 18e .0201; 15A NCAC 18e .1303; 15A NCAC 18e .0301

3. What do you want the court to do? (check one)

[X] Issue Summons OR [ ] Issue Arrest Warrant

Justification for Arrest: _____

4. What does the suspect need? (check all that apply)

[ ] Testing [ ] Treatment [ ] Isolation [ ] Obtain Permit
[X] Install/Repair System [ ] Connect to Municipal Sewer [X] Eliminate Hazard
[ ] Other: _____

5. Has a warrant ever been taken out on the suspect? If yes, state what charges, when and what happened in court. Unknown

6. Are there other witnesses or individuals with information about this case?

Name:	DOB:	Address:	Phone:
Edgar Torres (Son)	Unknown	10008 Robinson Church Road	(704) 712-7727

OTHER INFORMATION

Permit for septic repair has been issued to homeowner on 4/10/25. Homeowner has contracted with a septic contractor to do repairs but the contractor has not done any work yet. Homeowners are primarily Spanish speaking but their son can translate.

THE INFORMATION PROVIDED IN THIS CRIMINAL COMPLAINT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Kling, Troy W

Date

Magistrate Comments: